

# PHOTO CONSENT FORM

I, \_\_\_\_\_ with a mailing address of \_\_\_\_\_  
\_\_\_\_\_ City of \_\_\_\_\_,  
State of \_\_\_\_\_ (the "Releasor") grant  
permission and give my consent to  
Holiday Pocono Civic Association Inc \_\_\_\_\_ (the "Releasee") for the use of  
my photograph(s) or electronic media images for  
presentation under any legal use.

## Revocation (check one)

- I understand that with my authorization below the  
photograph(s) may never be revoked.

- I understand that I may revoke this authorization at any  
time by  
notifying Holiday Pocono Civic Association Inc \_\_\_\_\_ in writing. The  
revocation will not affect any actions taken before the  
receipt of this written notification. Images will be stored in a  
secure location and only authorized staff will have access to  
them. They will be kept as long as they are relevant and after  
that time destroyed or archived.

Releasor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Releasee's Signature \_\_\_\_\_

Date \_\_\_\_\_

